Appendix M

NEW MEXICO ACADEMY FOR THE MEDIA ARTS
TITLE IX COMPLAINT FORM

Please complete this information and attach additional pages of information, if necessary. If you need assistance to complete this Complaint Form, you may contact the Title IX Coordinator.

STUDENT or EMPLOYEE NAME:

MAILING ADDRESS:

PHONE NUMBER: EMAIL ADDRESS:

NAME OF PERSON(S) RESPONSIBLE FOR CONDUCT YOU BELIEVE WAS SEXUAL HARASSMENT OR DISCRIMINATION BASED ON SEX:

To the best of your recollection provide the following information about the incident(s):

DATE(S):

TIME(S):

PLACE(S)(this can include technology, e.g. email, social media):

DETAILED DESCRIPTION OF CONDUCT:

NAMES AND CONTACT INFORMATION OF WITNESSES:

PLEASE ATTACH COPIES OF ANY DOCUMENTS, EMAILS, TEXT MESSAGES OR IMAGES TO SUPPORT YOUR COMPLAINT:

OTHER INFORMATION:

To the best of my knowledge and recollection the information above is true and correct. I understand that reporting false information about the person I have alleged committed the improper conduct, may have serious negative consequences for me and for the other person.